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SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING


(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

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2019 NOV -8 PM 2:42

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The original Employee Pre-Travel Authorization (Form RE-1), AND
☒ A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): The International Committee of the Red Cross (ICRC)

Travel date(s): 10/06/19-10/12/19

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$1,197.59	\$383.15	\$163.01	N/A
<input checked="" type="checkbox"/> Actual Amount				

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): The group met with ICRC sub-delegation offices, victims of the Internal armed conflict, Venezuelan refugees, the Colombian Ministry of Defense, and

UNHCR to learn about the stresses displaced populations have had on Colombia, as well as efforts the Colombian government and international groups have made to address the situation

11/8/19

(Date)

CLARE FIGEL

(Printed name of traveler)

(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel

Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

11/8/19

(Date)

(Signature of Supervising Senator/Officer)

(Revised 1/3/11)

Form RE-2